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Ápplication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09764880

| CLAIMS AS FILED - PART I<br>(Column 1)  |  |   |                   |                      | SMALL ENTITY (Column 2) TYPE    |                  |          | ITITY               | OTHER THAN OR SMALL ENTITY |    |                     |                        |
|---|--|---|-------------------|----------------------|---------------------------------|------------------|----------|---------------------|----------------------------|----|---------------------|------------------------|
| TC  | TAL CLAIMS                                     |   |                   |                      |                                 |                  | ſ        | RATE                | FEE                        |    | RATE                | FEE                    |
| FOR NUMBER FILED  |  |   |                   |                      | NUMBI                           | ER EXTRA         | Ī        | BASIC FEE           | 355.00                     | OR | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS 6 minus 20=   |  |   |                   |                      | *                               |                  | Ī        | X\$ 9=              |                            | OR | X\$18=              |                        |
| IND   | EPENDENT CL                                    | AIMS                                      | $\mathcal{A}$ min | us 3 =               | *                               |                  | Ī        | X40=                |                            | OR | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                   |                      |                                 |                  | Ì        | +135=               |                            | OR | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "  |  |   |                   |                      |                                 | olumn 2          | L        | TOTAL               |                            | OR | TOTAL               | Ho.                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |                   |                      |                                 |                  |          | SMALL E             | NTITY                      | OR | OTHER<br>SMALL      |                        |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVI |                                 | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE     |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total  | *   | Minus             | **                   |                                 | =                |          | X\$ 9=              |                            | OR | X\$18=              |                        |
| <b>AMENDMENT</b>  | Independent                                    | *   | Minus             | ***                  | T OL A 184                      | =                | Ī        | X40=                |                            | OR | X80=                |                        |
| Ľ   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEP       | ENDEN                | CLAIM                           |                  |          | +135=               |                            | OR | +270=               |                        |
|   |  |   |                   |                      |                                 |                  | L        | TOTAL<br>ADDIT. FEE |                            | OR | TOTAL<br>ADDIT. FEE |                        |
|   | (Column 1) (Column 2) (Column 3)               |   |                   |                      |                                 |                  |          |                     | -                          |    |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUN<br>PREVI         | HEST<br>MBER<br>IOUSLY<br>FOR   | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE     |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                   |                                 | =                |          | X\$ 9=              |                            | OR | X\$18=              |                        |
| AME   | Independent                                    |   | Minus             | ***                  | <del>-</del>                    | =                |          | X40=                |                            | OR | X80=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                      |                                 |                  | <b>!</b> | +135=               |                            | OR | +270=               |                        |
|   |  |   |                   |                      |                                 |                  | L        | TOTAL               |                            | OR | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                |                   | (Colu                | ımn 2)                          | (Column 3)       | ,        | ADDIT. FEE          |                            |    | ADDIT. FEL          |                        |
| ENTC  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIG<br>NUM<br>PREV   | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE     |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| N<br>Q  | Total  | *   | Minus             | **                   |                                 | =                |          | X\$ 9=              |                            | OR | X\$18=              | 1                      |
| AMENDMENT   | Independent                                    | *   | Minus             | ***                  |                                 |                  |          | X40=                |                            | OR | X80=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                      |                                 |                  |          | +135=               |                            | OR | +270=               |                        |
|   | If the entry in colu                           | mn 1 is less than                         | the entry in colu | mn 2, wri            | ite "0" in co                   | olumn 3.         | <u> </u> | TOTAL               |                            | OR | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                   |                      |                                 |                  |          |                     |                            |    |                     |                        |

| PATENT APPLICATION F | EE DETERMINATION | RECORD |
|----------------------|------------------|--------|
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Effective October 1, 2000

|  |  | Lilect  | ING OCTOR             | 61 1, 21                      | 300                  |                    | 1             |             |                        |          |                     |  |
|--|--|---|-----------------------|-------------------------------|----------------------|--------------------|---------------|-------------|------------------------|----------|---------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                       |                               |                      |                    | SMALL<br>TYPE | EI          | NTITY .                | OR       | OTHER               |  |
| TOTAL CLAIMS                                   |  |   |                       |                               | CONTRACTOR SCHOOL    |                    | RAT           | =           | FEE                    | 1        | RATE                | FEE  |
| FOR  |  |   | NUMBER FILED          |                               | NUMBER EXTRA         |                    | BASIC         | FEE         | <b>390</b> .00         | OR       | BASIC FEE           | <b></b>  |
| то   | TAL CHARGEA                                    | BLE CLAIMS  | minus 20=             |                               |                      |                    | X\$ 9         | =           |                        | OR       | X\$18=              |  |
| IND  | EPENDENT CL                                    | AIMS  | minus 3 =             |                               | ·                    |                    | X4 <b>2</b>   |             |                        | OR       | X8 <b>4</b> =       | `  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PF   | RESENT                |                               |                      |                    | +135          |             | ·                      | 1        |                     |  |
| • If   | the difference                                 | in column 1 is l  | less than ze          | ro, ente                      | r "0" in c           | column 2           | TOTA          |             |                        | OR<br>OR | +270=<br>TOTAL      |  |
|  | C  | LAIMS AS A  | MENDED - PART II      |                               |                      |                    |               | TOTAL       |                        |          | OTHER               | THAN   |
| l  |  | (Column 1)  | (Column 2) (Column 3) |                               |                      |                    | SMAL          | L E         | NTITY                  | OR       | SMALL               |  |
| ENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA   | RATE          | -           | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE                             |
| AMENDMENT                                      | Total  | . 17  | Minus                 | <u>2</u>                      | 0                    | =                  | X\$ 9         | =           |                        | OR       | X\$18=              |  |
| AME  | Independent                                    | • 0   | Minus                 | 5115511                       | 3                    | = 3                | ×42           | -           |                        | OR       | X8 <b>∉</b>         | 252  |
| لــا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                       |                               |                      |                    |               | _           |                        | OR       | +270=               |  |
|  |  |   |                       |                               |                      |                    | TOT           |             |                        | 0.0      | TOTAL<br>ADDIT, FEE | 352  |
|  |  | (Column 1)  |                       | (Colu                         | mn 2)                | (Column 3)         | ADDIT. F      | <b>tt</b> ( |                        |          | AUDII, FEE          | Del.   |
| ENT B  | $\mathcal{B}$                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |                       |                               |                      | PRESENT<br>EXTRA   | RATE          |             | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE                             |
| AMENDMENT                                      | Total  | . 17  | Minus                 | 6                             | 10                   | = _                | X\$ 9:        | _           | 1                      | OR       | X\$18=              | 7  |
| ME   | Independent                                    | · 4   | Minus                 | ***                           | 6                    | =                  | X42           | = 1         |                        | OR       | X8 <b>4</b> ⁄=      |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                       |                               |                      |                    |               | ٦           |                        |          |                     | <del>    -   -     -     -                  </del> |
|  |  |   |                       |                               |                      |                    | +135:         |             |                        | OR       | +270=<br>TOTAL      | -  |
| •  |  | •   |                       |                               |                      |                    | ADDIT. F      | ee l        |                        | OR       | ADDIT. FEE          | <u> </u>   |
|  |  | (Column 1)<br>CLAIMS  | 20.00                 | HIGH                          |                      | (Column 3)         |               | · —         | 4DDI                   | ]        |                     | ADDI-  |
| NT C   | •  | REMAINING<br>AFTER<br>AMENDMENT.                                  |                       | PREVI                         | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA   | RATE          |             | ADDI-<br>TIONAL<br>FEE |          | RATE                | TIONA  |
| DME  | Total  | 4   | Minus                 |                               |                      | ·=                 | X\$ 9:        |             | rcc                    |          | X\$18=              | 1  |
| AMENDMENT                                      | Independent                                    | •   | Minus                 | ***                           |                      | =                  | ×48=          | -           |                        | OR       | X8 <b>6/</b> =      | 1  |
| <b>V</b>                                       | FIRST PRESENTATION OF MULTIPLE DEPENDE         |   |                       |                               | T CLAIM              |                    | A48/-         | •           |                        | OR       |                     | <del> </del>                                       |
|  | If the entering and                            | mn tistees de es  |                       |                               | - ***                | duma 2             | +135          |             |                        | OR       | +270=               |  |
|  | ll the Highest Nu                              | mn 1 is less than th<br>mber Previously Pa<br>Imber Previously Pa | aid For IN THI        | S SPACE                       | is less tha          | an 20, enter "20." | ADDIT. F      |             |                        | OR       | TOTAL<br>ADDIT. FEE | <u></u>  |

Application of Docket Number